



Washington Guaranteed Education Tuition

Send to:

Guaranteed Education Tuition
PO BOX 84824, Seattle, WA 98124-6124
1-800-955-2318 • FAX 1-360-704-6200
Email: GETInfo@hecb.wa.gov

MASTER SCHOLARSHIP TRANSFER FORM

Please print or type all information. Be sure to sign form. Units must be held in the Master Scholarship Account for two years prior to transfer.

1. ACCOUNT INFORMATION

GET ACCOUNT NUMBER

ORGANIZATION NAME (as shown on original Account set-up forms)

ADDRESS

Number and street, including suite or PO Box number

City

State

Zip

Email Address

TAX ID #

TELEPHONE

EXT.

ORGANIZATION AUTHORIZED REPRESENTATIVE (Required)

2. STUDENT BENEFICIARY INFORMATION

The Student Beneficiary is the person who will use the benefits of the contract. Please complete the following information about him or her.

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.)

First Name

Middle Name

ADDRESS

Number and street, including apartment number or PO Box Number

City

State

Zip

Email Address

SOCIAL SECURITY OR TAX ID #

HOME TELEPHONE

WORK TELEPHONE

EXT.

SEX: ☐ MALE ☐ FEMALE DATE OF BIRTH (required) Month Day Year Current Grade in School

Estimated usage date/benefit use year:

Number of units being awarded/transferred at this time (may not exceed 500)

3. PARENT/LEGAL GUARDIAN

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.)

First Name

Middle Name

ADDRESS ☐ Check here if you want to use the same address as listed in the Student Beneficiary Section

Number and street, including apartment number or PO Box Number

City

State

Zip

Email Address

SOCIAL SECURITY OR TAX ID #

HOME TELEPHONE

WORK TELEPHONE

EXT.

4. DESIGNATED PURCHASER

Who will be the Designated Purchaser on this account? **NOTE: This determines the account ownership—choose carefully.**

- ☐ **Organization** listed in Section 1. The Authorized Representative must sign the Benefit Use Form each academic year before any distribution may be made to a school. Distributions will be allowed for qualified educational expenses: tuition, room and board, books and supplies. At the request of the Organization, any unused units will be transferred back to the Organization's Master Scholarship Account.
- ☐ **Beneficiary** listed in Section 2. To authorize the Beneficiary to complete and sign the Benefit Use Form, an Organization may change the Designated Purchaser to the Student Beneficiary. By designating the Beneficiary as the Purchaser, the Organization relinquishes all control over the funds transferred to this account. Unused units will belong to the Beneficiary and may be refunded upon request to the Beneficiary.
- ☐ **Parent/Guardian** of Beneficiary listed in Section 2. To authorize the Parent/Guardian to complete and sign the Benefit Use Form, an Organization may change the Designated Purchaser to the Parent/Guardian. By making this designation, the Organization relinquishes all control over the funds transferred to this account. Unused units would be refunded to the Parent/Guardian upon written request.

5.

You may authorize GET to release verbal information regarding this student's account to another person in addition to the person listed in Section 4. Please provide the following information about him or her.

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.) First Name Middle Name

ADDRESS ☐ Check here if you want to use the same address as listed in the Student Beneficiary Section

Number and street, including apartment number or PO Box Number

City State Zip Email Address

SOCIAL SECURITY OR TAX ID # HOME TELEPHONE WORK TELEPHONE EXT.

6. TRANSFER FEE (Required any time units are transferred to a designated student account)

The non-refundable Transfer Fee **MUST** be included when this form is submitted. You may send a check with the form or charge the \$25.00 transfer fee to your credit/debit card. Please select your payment option(s) below.

- ☐ Pay \$25.00 Transfer Fee by **CHECK** Check # _____
- ☐ Pay \$25.00 Transfer Fee by **CREDIT/DEBIT CARD**. (fill out information below.) ☐ VISA ☐ MC ☐ DISC ☐ AMEX

Month Year

Credit Card Number Expiration Date

I authorize GET to charge the \$25.00 Transfer Fee to the above credit/debit card. I understand this fee is non-refundable.

Signature of the credit card holder: _____ Date: _____

Print name as shown on credit/debit card: _____

7. SIGNATURE OF AUTHORIZED REPRESENTATIVE

I hereby certify that the above information on this Transfer Form is true and accurate to the best of my knowledge. I acknowledge that a Penalty Fee may apply for account cancellation/termination. In signing below, I am agreeing to all terms and conditions of the Master Agreement which I have read and fully understand. I certify that the student is a resident of the State of Washington. The Authorized Representative must have signature authority.

Signature of the Organization's Authorized Representative: _____ Date: _____

Please print full name: _____

Phone #: _____ E-mail address: _____

Submit to: Guaranteed Education Tuition, PO Box 84824, Seattle, WA 98124-6124 or by Fax to 360-704-6200

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318